



## Teacher Training Grant for Educational Technology

### Fiscal Agent and Consortium Information

Please complete the following:

Consortium Name:

Fiscal Agent Name:

Fiscal Agent Contact Person:

Phone:

Email Address:

Street Address:

City, State and Zip Code:

Total budget amount requested by consortium:

## Consortium School Districts

List each school district in this consortium. Please be sure that the district numbering here matches the district names and numbers given on each of the district information pages that follow. For each district entry attach a TEA-005A.

District 1	
District 2	
District 3	
District 4	
District 5	
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District 49	
District 50	

## Consortium Project

### Question 1: Project Description - Retroactive Events

Complete this section if you are applying for FY16 retroactive eligible expenses. Retroactive expenses are those that have been incurred by a consortium district during the grant award period and prior to the application due date.

Describe the activities that constitute the retroactive funding you are requesting, and how the activities contributed to training teachers in the use of information technology. The following information should be included for each activity: date of activity; provider of activity; location of activity; number of consortium teachers trained by activity; costs items and amounts associated with activity.

#### Example:

10 teachers from district XX attended an on-line Google Apps for Education course provided by CESA XX, held each Tuesday beginning July 7, 2015 thru July 28, 2015, at a cost of \$150 in registration costs per teacher. The training was utilized to improve the knowledge of teachers regarding best practice examples and methodologies for assessing the impact of Google Apps in the classroom.

## Question 2: Project Description – Future Consortium Activities

Complete this section if you are applying for FY16 activities that have yet to occur. It is encouraged that these activities involve more than one district of your consortium.

Describe the activities that constitute the funding you are requesting, how the activities will contribute to training teachers in the use of information technology. The following information should be included for each activity: date of activity; provider of activity; location of activity; number of consortium teachers trained by activity; cost items and amounts associated with activity; the involvement of each consortium district in the activity.

### Example:

District XX will host a training event on Google Apps use in the classroom for teachers of districts that are members of the applicant consortium. The training will examine the effective use of various Google Apps in the learning/classroom environment. Current use by each district will be discussed and best practices shared. The provider of the training will be XX, and the training will be held on Month Day, 2016. XX teachers from all consortium member districts will attend. Costs will be as follows:

Trainer/Facilitator:

Travel Costs (per State per diem):

Substitute Instructor costs:

## Fiscal Agent Certifications

### I certify that:

- ☐ All required grant information for every district in this consortium is complete and has been accurately entered into this application
- ☐ The budget document for the consortium and for each consortium member has been completed, and is accurate and contains only eligible expenses.
- ☐ I will fulfill all responsibilities of the fiscal agent as specified in this document and as will be specified in the grant agreement.
- ☐ BY CHECKING THIS BOX, I CERTIFY that I am the fiscal agent listed in this application, and that I understand all of the requirements set forth in this application. I also certify that all information is complete and accurate to the best of my knowledge and that I have legal authority to submit this application.

Name of fiscal agent:

Signature of Fiscal Agent:

Date signed: